MINUTES

Patient-Centered Health Advisory Council

West Des Moines Learning Resource Center
Friday, May 19th, 2017
9:30 – 3:00

Members Present

Melissa Bernhardt- *Iowa Dental Association*
Charles Bruner- *Child and Family Policy Center*
Judith Collins (Sue Whitty)- *Iowa Nurses Association*
Marsha Collins- *Iowa Physician Assistant Association*
Anna Coppola- *Community Advocate*
Sarah Dixon- *Iowa Collaborative Safety Net Network*
Chris Espersen- *Independent Healthcare Consultant*
Kimberly Howard- *Dental Hygienist*
Marguerite Oetting- *IA Chapter of American Academy of Pediatrics*
Linda Meyers- *Dental Hygienist*
Patty Quinlisk- *State Epidemiologist*
Trina Radske-Suchan- *YMCA of Central Iowa*
Peter Reiter- *Internal Medicine*
Kady Reese- *Iowa Healthcare Collaborative*
Dave Smith- *Iowa Department of Human Services*
John Swegle- *Iowa Pharmacy Association*
John Stites (Shayan Sheybani)- *Iowa Chiropractic Society*

Members Absent

Chris Atchison- *University of Iowa College of Public Health*
David Carlyle- *Iowa Academy of Family Physicians*
Ro Foege- *Consumer*
Anne Hytrek- *Iowa Academy of Nutrition and Dietetics*
Leah McWilliams- *Iowa Osteopathic Medical Association*
Tom Newton- *Wellmark*
Brenda Payne- *Iowa Psychological Association*
Susan Pike- *University of Iowa Pediatrics*
Bill Stumpf- *Disabilities Advocate/Consumer*

Others Present

Abby Less- *Iowa Department of Public Health*
Allie Timmerman- *Iowa Medicaid Enterprise*
Analisa Pearson- *Iowa Department of Public Health*
Angie Doyle Scar- *Iowa Department of Public Health*
Becky Harker- *Iowa Developmental Disabilities Council*
Bery Engebretsen- *Primary Health Care*
Bob Schlueter- *Iowa Medicaid Enterprise*
Cari Spear- *Visiting Nurse Services of Iowa*
Carlene Russell- *Iowa Department on Aging*
Daniel Hoffman-Zinnel- *One Iowa*
Deb Kazmerzak- *Independent Consultant*
Dennis Tibben- *Iowa Medical Society*
Janice Edmunds-Wells- *Iowa Department of Public Health*
Joshua Barr- *Des Moines Civil and Human Rights Commission*
Kathy Karn- *Iowa Department of Public Health*
Katie McBurney- *Iowa Department of Public Health*
Kent Ohms- *Legislative Services Agency*
Lian Puii- *EMBARC*
Lindsay Paulson- *Iowa Medicaid Enterprise*
Noah Tabor- *American Cancer Society*
Shelley Horak- *Iowa Medicaid Enterprise*
Sheryl Marshall- *Telligen*
Sylvia Navin- *Iowa Department of Public Health*
Victoria Brenton- *Iowa Department of Public Health*
Will Walker- *Primary Health Care*

***Patient-Centered Health Advisory Council Website:**
http://idph.iowa.gov/ohct/advisory-council

Meeting Materials - Agenda

- MAAC Recommendations 03.2017
- Addressing Disparities- A Provider Perspective PPT
- Health Equity as a Social Determinate of Health- PPT

Topic	Discussion
Legislative Discussion Angie Doyle Scar Council Discussion *Handouts:* • House File 393	**Legislative Discussion** • The language describing the work of the Patient-Centered Health Advisory Council can be found on page 2 of House File 393. This updated code language better aligns with the current scope of work of the Council. The new language formalizes the name of the Council as the "Patient-Centered Health Advisory Council" and lists the new responsibilities of the Council: ○ To serve as a resource on emerging health care transformation initiatives in Iowa. ○ To convene stakeholders in Iowa to streamline efforts that support state-level and community-level integration and focus on reducing fragmentation of the health care system. ○ To encourage partnerships and synergy between community health care partners in the state who are working on new system-level models to provide better health care at lower costs by focusing on shifting from volume-based to value-based health care. ○ To lead discussions on the transformation of the health care system to a patient-centered infrastructure that integrates and coordinates services and supports to address social determinants of health and to meet population health goals. ○ To provide a venue for education and information gathering for stakeholders and interested parties to learn about emerging health care initiatives across the state. ○ To develop recommendations for submission to the department related to health care transformation issues. • A new section under the Council's code is related to Palliative Care and charges the Council to: ○ ***"review the current level of public awareness regarding the availability of palliative care services in the state and shall submit a report to the governor and the general assembly by December 31, 2017, including the Council's findings and providing recommendations to increase public awareness and reduce barriers to access palliative care services throughout the state."*** • Palliative care is specialized medical care for people living with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family. • The next two Council meetings will be focused on palliative care and working on this legislative charge. • The book "Being Mortal" by Atul Gawande was mentioned as an excellent introduction to this topic.
IA Health Link Program Lindsay Paulson – *Iowa Medicaid Enterprise*	• All Iowa Medicaid providers must complete enrollment renewal by June 30, 2017. Provider enrollment renewal is an Affordable Care Act requirement for all providers in order to stay active with the Iowa Medicaid Enterprise (IME) and a Managed Care Organization (MCO). This practice helps ensure program integrity. If providers have not completed enrollment renewal by June 30, 2017, the IME and MCOs will terminate the Medicaid provider. The IME and MCOs will not be able to provide reimbursement for services if they are not actively enrolled with the IME. If enrollment is terminated with the IME, providers will be required to submit new enrollment forms. For more information, view Informational Letter No. 1787. • Changes to the Dental Wellness Plan (DWP) were described and can be found in Informational Letter No. 1788. Effective July 1, 2017, adult Medicaid members age 19 and older, will be combined into a single, improved dental program. The movement of all adult Iowa Medicaid members to the DWP will result in a more seamless experience for members and providers. The new DWP will incentivize members to utilize preventative dental services and to maintain good oral health. A simplified earned-benefit structure will address concerns about a member's ability to understand and access benefits due to eligibility churn between two programs. Delta Dental of Iowa and MCNA Dental, will be administering the new DWP. ○ A question was asked about changes to the fee schedule. The response was that the fee schedules will be negotiated between the dental providers and Delta Dental of Iowa and MCNA Dental. ○ A question was asked about changes to the provider network. The response was that the provider network will be built out by Delta Dental of Iowa and MCNA Dental. Both plans

	would be required to meet network adequacy standards and will go through a readiness review with CMS in order to get authorization. Any provider that is interested in participating will need to be enrolled with IME. • The Health and Human Services (HHS) budget was signed and IME moving forward with the cost containment strategies that were included in the budget. Most of the changes will go into effect on July 1, 2017, and informational letters will be released regarding the changes. ○ A change regarding retroactive coverage for Medicaid will not take effect until October 1, 2017. Currently, Medicaid benefits may be covered retroactively for up to three months prior to the month of application, if the individual would have been eligible during that period. Retroactive coverage must have been requested on the application. The language that was recently passed will change this to have coverage begin at the first of that month and not allow for the three-month retroactive coverage. • A comment was made about AmeriHealth Caritas giving notice to the Mercy Health Network of contract termination in order to renegotiate rates. AmeriHealth Caritas has sent out letters to members notifying them that they are potentially going to be terminating their contract with Mercy. This is directly between AmeriHealth Caritas and Mercy. If AmeriHealth Caritas were to terminate the contract, all members who have a Mercy-assigned primary care provider would be assigned to a new primary care provider according to AmeriHealth. If a member has a long-term relationship with a primary care provider and/or specialist that they would like to continue seeing, IME would allow members to change MCOs for good cause reasons. ○ **Since the May 19 Council meeting, it was announced that Mercy and AmeriHealth have reached a deal to continue providing coverage to their members.* • Discussion took place about comparing total state costs before and after Medicaid Managed was implemented. A great deal of information can be found in the MCO Quarterly Reports and MCO Geographic Access (Network Adequacy) Reports. ○ Kari Spear (VNS of Iowa) commented that there has been a large amount of increased administrative work/costs since the implementation of Medicaid Managed Care, and these costs should be included in this type of evaluation. • A question was asked about retention rates of Medicaid recipients. Overall Medicaid churns pretty heavily but stays relativity consistent in terms of enrollees, but just due to the nature of changing income and health care status, there is a decent churn rate. • A question was asked about the states plans if the American Health Care Act passes. IME will wait to see what ends up passing before planning for any changes that may come.
Iowa Medical Assistance Advisory Council (MAAC) Recommendations Dennis Tibben - *Iowa Medical Society* *Handout:* • **MAAC Recommendations 03.2017**	• A brief overview of Iowa's Medical Assistance Advisory Council (MAAC) was given. MAAC is a federally required program that all state Medicaid programs have. The purpose of MAAC is to monitor the Medicaid program and to advise the Director of Iowa Department of Human Services (DHS) about health and medical care services under the medical assistance program. MAAC is mandated by federal law and further established in Iowa Code. The Director of the Iowa Department of Public Health (IDPH) is the Co-Chair along with a public member. The vision of MAAC is that DHS and the MAAC will collaborate to share information, progress reports and gather feedback regarding the Medicaid program, including the managed care program. MAAC membership includes 43 entities designated in Iowa Administrative Code representing professional and business entities. It also includes 10 public representatives. An Executive Committee, whose members are appointed by the full Council, provides guidance to the group and makes recommendations. All MAAC meetings are open to the public. For more information and meeting dates visit https://dhs.iowa.gov/ime/about/advisory_groups/maac. • Recommendations have been made by MAAC regarding the IA Health Link Public Comment Meetings held in Quarter 3 of 2016. A number of these recommendations were highlighted: • **Prior Authorization (PA):** Participants at the public comment meetings identified that PA determinations are not consistent among MCOs involving the same services and explanations of denials were vague. Inconsistencies were also identified concerning immediate approval of an alternate PA when a similar service is deemed more appropriate at the time of a scheduled appointment. Contractually, PAs should be automatically approved if after seven days from

	submission of requests a determination has not been made. Providers expressed concern that the requirement was not being applied in all instances. ○ **Recommendation I:** The Department to develop a new methodology to track consistency of prior authorization determinations within each MCO. ○ **Recommendation II:** The Department to enforce and communicate to the MCOs the cap after which a PA request is deemed approved (seven days) if a determination has not been made. The MCOs are then to communicate the determination to providers. ○ **Recommendation III:** Encourage the MCOs to develop consistent service groups or crosswalk standards for Prior Authorizations to allow for instance where approval is obtained for a specific service or products. Recommend that each of the MCOs develop an exemption process based on medical necessity. ○ **Recommendation IV:** Require MCOs to provide a plain language explanation to Iowa Medicaid members and providers for Prior Authorization denials. • **Reduced Geographical Access and Access to Care:** Some Iowa Medicaid providers have chosen not to contract with all three MCOs which has resulted in decreased member access to care. ○ **Recommendation I:** Request that the MCOs report information regarding outreach efforts to increase access to care in areas identified in the MCOs' GeoAccess Reports as limited access areas. ○ **Recommendation II:** Request that MCOs present on results of outreach efforts in order to determine outstanding issues that the MAAC may be able to address. • Regarding clearinghouse to clearinghouse issues: Request that the MCOs provide data related to all denial rates for any reason and include this data in the Managed Care Quarterly Report. • John Swegle asked what the next steps are for the recommendations and how, as a clinic, they will know when something has changed. The DHS Director will review the recommendations and issue a determination and then information will be pushed out extensively as to what policy changes will occur. • Peter Reiter has noticed a reduction of days being approved for home care services and asked if the appeal process and the appropriateness of the care reductions are being tracked. The response was the MCO Quarterly Reports do track grievances and appeals, however this first set of recommendations does not address this but certainly can in future recommendations. When families are experiencing this reduction in services, they can reach out to the Office of the State Long-Term Care Ombudsman program to ask for assistance on this issue. IME tracks the number of approved and denied services in terms of prior authorizations. DHS has put together a chart summarizing prior authorizations by plan that is a useful resource. ○ Council members expressed that they would like to see a data set that measures reduction in services included in the quarterly reports. • Charles Bruner commented on the importance for care coordination for children, particularly 1st Five done by Title V agencies. Children make up 50 percent of the Medicaid population but only account for 20 percent of the overall cost, and they should not be overlooked.
Addressing Disparities: A Providers Perspective Bery Engebretsen Will Walker - *Primary Health Care* *PowerPoint:* • **Addressing Disparities- A Provider Perspective PPT**	• The presentation started off with Bery Engebretsen highlighting data that demonstrates racial disparities in U.S. health care: ○ 41% of the U.S. non-elderly are people of color, but 55% of non-elderly uninsured are people of color. ○ 13% of the U.S. population is African American, but only 4% of U.S. physicians are African American. ○ In 2012, only 2.6% of physician graduates were African American and African American grands are twice as likely to practice in underserved communities of color. ○ Only 2.9% of medical school faculty are African American. • Multiple studies show that everyone carries implicit bias (attitudes/stereotypes). White physicians will spend less time with African American patients, do more of the talking, be less likely to let the patient present their concerns, especially psycho-social concerns. This leaves patients less likely to feel good about their physician. • There is some evidence in terms of outcomes that the racial gap is shrinking and that some of

	these differences are getting smaller, for example low birth weight. • Will Walker shared his reflections and personal experiences on racial disparities in the health professions. He is a clinical social worker at Primary Health Care and has also worked with Veterans Affairs (VA) for many years working closely with the homeless population doing homeless outreach. Central Iowa Shelter is one of the largest homeless shelters in Iowa, and his primary role there is to provide case management services, but also to provide mental health therapy. He is also a community advocate in the DHS juvenile justice system and focuses on racial disparities. • The African American Case Review Committee was described and is a national committee made up of African American providers to review African American juvenile cases in Iowa with DHS and offer feedback from a cultural perspective. They also educate DHS employees about cultural awareness. • Will Walker is a facilitator for the curriculum "RACE- The Power of an Illusion". This is a video series with an accompanying curriculum that investigates race in society, science, and history. • Will Walker also works in private practice in Des Moines and 99% of his clients are African American. He stated that there are not enough African American mental health therapists and that African American clients generally feel more comfortable talking with African American therapists. • People who report being effected by racism have greater rates of physical and mental illness. Given that racism shapes the lives of people of color, it is necessary to study the hypothesis that racism influences health. Providers need to discuss with patients how race is affecting their life. • Bery Engebretsen described the history of Primary Health Care and a number of the initiatives they are working on, including access to housing, partnering with Iowa Legal Aid and the Health Law Project (lawyers working with medical providers to improve patient outcomes), corrections release and mental health issues, access to clothing, access to healthy food and nutrition, access to transportation, and coordination with home care agencies and other community agencies.
Iowa Department of Public Health: Health Equity as a Social Determinant of Health Janice Edmunds-Wells - *Iowa Department of Public Health* *PowerPoint:* • **Health Equity as a Social Determinate of Health- PPT**	• Janice Edmunds-Wells is an Executive Officer with the Iowa Department of Public Health's Office of Multicultural and Minority Health. The mission of the Office of Multicultural and Minority Health is to create a culturally competent health community which embraces the state's racial, ethnic, and cultural populations to decrease health disparities and provide the best possible outcomes for each individual. • An overview was given on health equity, health disparities, and social determinants of health. Achieving health equity as the highest level of health for all people will require addressing social and environmental determinants through both broad population-based approaches and targeted approaches focused on communities experiencing the greatest disparities. • Achieving health equity requires valuing everyone equally with a focus on ongoing societal efforts to address avoidable inequities, and the elimination of health care disparities. • There has been a great focus on unhealthy behaviors that drive people to ill health. We need to understand and improve the social determinants of health and behaviors to reduce health inequities and improve health while simultaneously supporting healthy behaviors.

Panel: Exploring Health Inequities	A panel discussion took place comprised of a variety of advocacy organizations exploring health inequities different populations are facing in Iowa today. Panel members started off by giving an overview of their organization and the social and health challenges the population they are representing faces.
	• **Ana Coppola- Polk County Health Department**
	  ○ Ana Coppola is representing Latino and Hispanic Communities, as well as offering a provider perspective.
	• **Lian Puii- EMBARC- Ethnic Minorities of Burma Advocacy and Resource Center**
	  ○ Over 6,000 refugees from Burma have made Iowa home in the past 5 years. Countless were forced to flee from their home because of who they are and what they believe. EMBARC is a

grass-roots nonprofit organization founded by and for refugees from Burma living in Iowa. EMBARC provides refugees resources needed to successfully settle in Iowa. There are more than 135 different ethnic groups in Burma, each with its own history, culture and language.
    - Refugees from Burma face many challenges including transportation, language/translation, health insurance, access to medications and access to other health care services including mental health.
- **Janice Edmunds-Wells- Iowa Department of Public Health- Office of Minority and Multicultural Health**
    - The Office of Minority and Multicultural Health represents all minorities, immigrants, refugees, persons of diversity across the lifespan. All of these populations experience issues related to health equity, health disparities, and social determinants of health.
- **Carlene Russell- Iowa Department on Aging**
    - With projections for Iowa's population aged 65 and older to grow to make up 19.9 percent of Iowa's total population by 2050, the Iowa Department on Aging focuses on empowering older adults to maintain their independence and advocates on behalf of older Iowans to ensure their rights, safety and overall well-being. The Iowa Department on Aging works with Iowa's six Area Agencies on Aging to provide services and information for seniors and their families, as well as the disabilities community. Additional statistics were given:
        - Older Iowan's are the fastest growing segment of the population and nationally there has been a 30 percent increase of people over the age of 60 over the past 10 years.
        - There are about 700,000 Iowans over age 60, which represents 22% of the population.
        - At age 65, life expectancy is another 20 years, so people are living longer and wishing to live in their own homes longer.
        - 1/3 of households in Iowa have someone living in their home that is age 60 or older.
- **Daniel Hoffman-Zinnel- One Iowa**
    - One Iowa is the leading lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) organization preserving and advancing equality for LGBTQ individuals through grassroots efforts, advocacy, and education.
    - LGBTQ patients often have fear and anxiety when accessing health care services, sometimes due to their health but often times due to their identity and not knowing how the health care provider is going to treat them. The National Center for Transgender Equality released a study in 2015 and showed that in Iowa, at least one in three transgender persons have had at least one negative encounter with a health care provider in the past year.
    - One Iowa does many trainings with health care providers and organizations in creating safe and welcoming environments.
- **Becky Harker- Iowa Developmental Disabilities Council**
    - The purpose the Iowa Developmental Disabilities Council is to assure that people with developmental disabilities and their families help design and have access to necessary services, supports and other assistance. The Council is a federally-funded state agency that advocates for the development of services and supports so that Iowans with developmental disabilities can make choices and take control of their lives. The Council is made up of more than 20 volunteers who represent Iowans with disabilities, family members, service providers, state agencies and organizations concerned with developmental disability issues.
    - When people with developmental disabilities become adults, they tend to live in environments where they have caregivers that provides supportive services, and many times live with elderly parents. The caregivers often times do not consider health to be highly important for themselves and consequently for the people they are caring for, which is important to be aware of.
    - It is also important for people with disabilities to have choice and control in day-to-day decisions.
    - The Home and Community Based Setting Requirements final rule was released January 10, 2014 by the Centers for Medicare & Medicaid Services (CMS). This rule gives states more flexibility on how they are able to use federal Medicaid funds to pay for home - and community-based services to meet the needs of Medicaid enrollees, particularly the elderly

	and disabled. **Discussion** • Becky Harker mentioned some of the issues people with disabilities face when accessing health care services, including a more limited number of providers who will see people with disabilities, communication issues related to setting up the appointment and filling out forms, and being treated equally during the visit. Another issue she mentioned is distinguishing an illness from the disability- for example a cold or the flu is not related to the disability. • Lian Puii mentioned language barriers as one of the main issues refugees from Burma face when accessing health care. She described how there are many different dialects within the same language. Discussion took place about utilizing translation services in health care settings. Section 1557 of the Affordable Care Act requires providers to provide qualified language assistance services. • Daniel Hoffman-Zinnel commented on the importance of building trust and engaging with people in the community and looking at it as a long-term strategy in order to create safe environments where people feel comfortable accessing services. • Anna Coppola mentioned the importance of training all staff including office staff to be culturally and linguistically appropriate. • Patty Quinlisk commented that it would be helpful if there was a centralized website/resource for providers and office staff to easily read a summary of the main issues different populations are facing in Iowa, what they should culturally be aware of, and how to access translation services for that particular population. • Discussion took place around the many barriers related to transportation. • Carlene Russell mentioned the LifeLong Links, which is Iowa's network of Aging and Disability Resource Centers, whose purpose is to expand and enhance the state's information and referral resources for older adults, adults with disabilities, veterans and caregivers as they think about and plan for long-term independent living. This is a "no wrong door" approach, meaning it is available to any Iowan in need of home-based and community services. • Daniel Hoffman-Zinnel mentioned that conversion therapy is still legal in Iowa for minors and asked the Council to consider looking at this and the harmful effects of conversion therapy.
Des Moines Civil and Human Rights Commission Joshua Barr - *Des Moines Civil & Human Rights Commission*	• Joshua Barr is the director of the Des Moines Civil & Human Rights Commission, which is a city branch dedicated to investigating claims of discrimination and educating the public on civil rights issues. • The 2017 Des Moines Civil & Human Rights Symposium "Poverty Affects us All!" focused on the thought that poverty not only affects the person living in poverty, but it affects the entire community and prevents entire community from thriving. It was held in March and was a very successful event with over 500 attendees. Planning is in progress for the 2018 symposium and will include the following tracks: strategically addressing systemic racism, justice and law, social economics, knowing your neighbor, and being inclusive. • The mission of the Des Moines Civil & Human Rights Commission is to promote equality, advance justice, and ensure the protection of human rights for all persons in Des Moines. They focus primarily on employment, housing, public accommodations (including health), and municipal. • The Des Moines Civil & Human Rights Commission is an equal opportunity law enforcement agency that enforces a number of laws, primarily the Human Rights Ordinance Chapter 62 which includes the Civil Rights Act of 1964, Civil Rights Act of 1968, and Americans with Disabilities Act including the state code. • Equal opportunity is a concept that emerged during the civil rights movement to ensure that persons of color and women would have equal opportunity/access to professional and educational opportunities that they would have been denied despite their qualifications. • 73% of Des Moines public school students are on free or reduced lunch, which is a sign of poverty. Research is show that if you don't address the impoverished situation of a family by the time a child has reaches age 13, they are more likely to be locked into the same situation

	that their parents are in. • A project of the Des Moines Civil and Human Rights Commission was described called "Breaking Bread to Build Bridges". The goal of the project is to bring people together for a meal and give them a chance to sit down and talk about differences in perspectives and life experiences. For more information: (515) 283-4284 or humanrights@dmgov.org.
Next Meetings:	**Friday, August 11- Polk County River Place** **Friday, November 3- Polk County River Place**